APPLICATION FOR MEMBERSHIP OSTRANDER FAMILY ASSOCIATION

Please forward form with fees to: FOR RECORDS ONLY: Kenneth & Lois Artlip, Secretary Membership No.____ Big Book # ____ Date Rec.: OSTRANDER FAMILY ASSOC., INC. 12455 W Janesville Road 15 per yr Dues US or Canadian Dollars - Fiscal Year July 1st Muskego, WI 53150 Previous member? Y/N If you know your Membership No., please provide it . To enable our genealogist to complete family records as far as possible, we would appreciate your help in providing what records you can for our files. 1. Full name of applicant: Date: Telephone: Address:____ Places Lived: Spouse's Name: Married On: _____ At___ Born On: At Buried At Spouse's Father: Spouse's Mother Sources/References 2. Applicant's parent's name: Occupation:____ Places Lived: Spouse's Name:_____ Married On: _____ At____
 Born On:
 At

 Died On:
 At

 Buried At
 Spouse's Father:_____ Spouse's Mother______ Sources/References____ 3. Grandparent's Name: Occupation: Places Lived: Spouse's Name:_____ Married On: _____ At____
 Born On:
 At

 Died On:
 At

 Buried At
 Spouse's Father:_____ Spouse's Mother_____ Sources/References Date of birth:

Died On:

Occupation Died On: _____At_____Buried At_____ Occupation: Places Lived: Spouse's Name:_____ Married On: _____ At____ Born On: _____ At____ Died On: _____At ____Buried At ____ Spouse's Father:_____ Spouse's Mother_____ _ Sources/References

5. G.G. Grandparent's Nar	ne:			
Date of birth:	At			
Died On:	At		Buried At_	
Occupation:				
Places Lived:				
Spouse's Name:				
Married On:	P	Λι		
Born On:	A	.t		
Died On:	A	t	Buried	l At
Spouse's Father:_			Spouse's N	Nother
Sources/References				
(2nd C Coon do anoutle No				
O. 3rd G. Grandparent's Na	ame:			
Died One	At		Damind A4	
Died On:	At		Buried At_	
Occupation:				
Spouse's Name:_				
Married On:	A	\t		
Born On:	A	.t		1 At
Died On:	A	t	Buriec	1 At
Spouse's Father:_			_ Spouse's N	Nother
Sources/References				
7 Ath G. Grandparent's No	ame:			
7. 4th G. Grandparent's Na	At			
Died On:			Ruried At	
Occupation:	At		Buried At_	
Occupation:Places Lived:				
Spouse's Name:_		. 4		
Porm On:		Λι		
Born On:	A	.l	D	1 A 4
Spanned Father	A	ι	Buriec	1 At
Spouse's Father:_			_ Spouse's N	Nother
Sources/References				
8. 5th G. Grandparent's Na	ame:			
Date of birth:				
Died On:	At		Buried At	
Occupation:				
Spouse's Name:				
Married On:		\		
Born On:	Δ	t		
Died On:	A	t	Rurie	1 At
Spouse's Father:	A	ι	Bullet	Nother
Sources/Deferences			_ spouse s N	Mother
Sources/References				
APPLICANT'S CHILDRE	EN:			
		Born On		Place
2. Name		Born On		Place
3 Name		Born On		Place
4 Name		Born On		Place
5 Name		Born On		Place
If there is further information and be sure to sign the application	, please add on ation. mission to inclu urposes only _	a separate shee	at. Please answ	er one of the following questions y, with the assurance that it will be
G: 1		_		
Signed		Date	e	